

AMDIA Hy a Heher

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application No. 09/929,179  Holtzman et al.  Examiner: Kevin C. Harper	) ) For: ) ) )	FOR SCHEI DATA TRAI	IND APPARATUS OULING PACKET NSMISSION IN A COMMUNICATION
Exammer: Kevin C. Harper	)	•	
Filed: August 14, 2001	) Group No.	2666	<b>D -</b> • - · ·
RESPONS	SE TO OFFICE A	CTION	RECEIVED MAR 1 1 2004
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			Technology Center 2600
Dear Commissioner:  In response to the Office Action identified application as indicated below		er 5, 2003, plea	ase amend the above-
CERTIFICATE OF MA	AILING/TRANSMISS	SION (37 CFR 1.8	(a))
I hereby certify that this correspondence is, on the			· //
MAILING		FACSIM	ILE
deposited with the United States Postal Serwith sufficient postage as first class mail, in envelope addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 223 1450.	n an Trade for	emark Office.	e to the Patent and
Depositor's Name: Karyn D. Lao (type or print name)	Date:		orint name)
Date: 3/3/2004	Si am atuma.		
Signature:	Signature:		
Attorney Docket No.:010477 Customer No.: 23696	. 1		

03/10/2004 EAREGAY1 00000115 170026 09929179

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## AMENDMENT TRANSMITTAL FORM

Customer No.: 23696

Attorney Docket No.: 010477
In Re Application of: Holtzman et al.

Serial Number: 09/929,179 Filed: August 14, 2001 Examiner: Kevin C. Harper Group Art Unit: 2666

Dear Sir:

Telephone:

Facsimile:

(858) 651-4125

(858) 658-2502

Fransmitted herew In addition, the fo	vith for filing is a R llowing documents	esponse to Of are enclosed:	ffice A	Action in the above	e identified application.	RECEIVED
1. A Petition f 2. Information	MAR 1 1 2004					
a. PTO-1449 b. Copies of IDS Citations (number of citations: )  Change of Attorney's Address in Application.  Other:						echnology Center 2600
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For		(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	17	20		0	x \$18 =	\$0
Independent**	7	3		4	x \$86 =	\$344.00
Multiple Dependent Claim(s): ☐ Yes ☒ No					\$290	\$0
EXTENSION FEES			One Month		\$110	\$0
		☐ Two Months		\$420	\$0	
			☐ Three Months		\$950	\$0
INFORMATION DISCLOSURE STATEMENT		After First Office Action		\$180	\$0	
			_	fter Final fice Action	\$130	\$0
TERMINAL DISCLAIMER				\$110	\$0	
*If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.			•	TOTAL FEE	\$344.00	
6. Please charged The Commission overpay The Commission The Commission 37 CFR	ge Deposit Account ssioner is hereby au ment to said Depos ssioner is further he 1.25(b), any fee wh 1.18 inclusive, for corporated artment Drive	t No. 17-0026 athorized to clair sit Account No ereby authorized atsoever which	of Q harge o. 17- zed to ch ma	UALCOMM Inco payment of any ac 0026. A duplicate charge to said De y become properl of this applicatio Signature:	and/or extension fees. orporated the amount of \$\frac{3}{2}\text{dditional fees which may} e of this sheet is enclosed eposit Account No. 17-00 y due or payable, as set on without specific additional feet of the sheet of the s	be required, or credit I for fee processing. 126, pursuant forth in 37 CFR 1.16